

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10552809

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		/		
3		2		/		
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8	/		/			
9		1		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14	/		/			
15		1		/		
16		1		/		
17		1		/		
18		1		/		
19		5		/		
20		2		/		
21		0		/		
22		0		/		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	40	←	36	←		←
TOTAL CLAIMS	43		37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY